

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/538144

FILING DATE

APPLICANT(S)

6/9/05 11/30/05 CLAIMS						
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/			/		61
2	/					62
3	/					63
4	/					64
5	/					65
6	/					66
7	/					67
8	/					68
9	/					69
10	/					70
11	/					71
12	/					72
13	/					73
14	/					74
15	/					75
16	/					76
17	/					77
18	/					78
19	/					79
20	/					80
21	/					81
22	/					82
23	/					83
24	/					84
25	/					85
26	/					86
27	/					87
28	/					88
29	/					89
30	/					90
31	/					91
32	/					92
33	/					93
34	/					94
35	/					95
36	/					96
37	/					97
38	/					98
39	/					99
40	/					100
41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.						TOTAL IND.
TOTAL DEP.						TOTAL DEP.
TOTAL CLAIMS						TOTAL CLAIMS